TREATMENT PROTOCOL: PEDIATRIC TACHYDYSRHYTHMIAS

1. Basic airway
2. Oxygen/pulse oximetry
3. Assist respirations with bag-valve-mask prn using "squeeze-release-release" technique
4. Cardiac monitor: 12-lead ECG; document rhythm and attach ECG strip if dysrhythmia
5. Shock position prn
6. Venous access prn

SINUS TACHYCARDIA **Infants: heart rate greater than 220bpm** **Children: heart rate greater than 180bpm**	**SVT (NARROW COMPLEX)** **Infants: heart rate equal to or greater than 220bpm** **Children: heart rate equal to or greater than 180bpm**	**V-TACH** **Wide Complex**
7. Adequate Perfusion: monitor closely for potential deterioration Rapid transport Poor perfusion: **Normal Saline** fluid challenge 20ml/kg IV 8. Continually reassess respirations and pulses 9. **ESTABLISH BASE CONTACT (ALL)**	7. **Normal Saline** fluid challenge 20ml/kg IV 8. **ESTABLISH BASE CONTACT (ALL)** 9. **Adenosine** 0.1mg/kg rapid IV push Poor perfusion: 0.2mg/kg rapid IV push Maximum first dose 6mg, immediately follow with 10-20ml Normal Saline rapid IV flush May be repeated one time **if it does not delay cardioversion** Contraindications: 2nd and 3rd degree heart block; history of Sick Sinus Syndrome See Color Code Drug Doses/L.A. County Kids 10. Consider sedation in the awake patient prior to cardioversion: **Midazolam** 0.1mg/kg IV push, titrate to sedation 5mg IM or IN, if unable to obtain venous access May repeat one time in 5min, maximum total pediatric dose 5mg all routes Monitor airway continuously after administration 11. If no conversion: Synchronized cardioversion two times at 0.5-1.0J/kg and 2J/kg 12. Continually reassess respirations and pulses	7. Poor perfusion: Synchronized cardioversion 0.5J/kg (monophasic or biphasic) If monitor does not discharge on "sync", turn off sync and defibrillate For failure to convert or transient conversion to normal sinus rhythm, consider expedited transport 8. If no conversion: Synchronized cardioversion 1J/kg **9. ESTABLISH BASE CONTACT (ALL)** 10. Consider sedation in the awake patient prior to cardioversion: **Midazolam** 0.1mg/kg IV push, titrate to sedation 5mg IM or IN, if unable to obtain venous access May repeat one time in 5min, maximum total pediatric dose 5mg all routes Monitor airway continuously after administration 11. If no conversion: Synchronized cardioversion two times at 2J/kg and 4J/kg 12. Continually reassess respirations and pulses